



Hawaii Aging and Disability Resource Center (ADRC)



Agenda

- Introduction to ADRC Project
- Vision and Program Goals
- Essential Program Components
- Hawaii's Strategies
- Objectives and Timeline
- Roles of EOA, AAAs and Advisory Board
- Issues and Challenges



Introduction and Background

- Sept. 2003 – HHS announces funding of 12 state grants to develop ADRCs.
- Collaboration between AoA and CMS
- Funding: \$800,000 for three-year period
- 12 additional awardees in 2003-2004
- 19 awardees including Hawaii in 2005



Vision: ADRCs Nationwide

- Highly visible in community
- Trusted, unbiased places for public and private-paying individuals
- Single Point of Entry
- Full range of Long Term support options and services
- Target audience:
 - Elderly persons
 - Younger adults (age 18+) with physical disabilities
 - Caregivers
 - Persons planning for future LTC needs
 - Health and LTC Professionals



Goals: National and State

- National Goals

“Empower Individuals to make informed choices and to streamline access to long term support”

- Hawaii’s Goals

1. Establish ADRC that serves as a single point of entry to LTC benefits and programs.
 - a. Pilot Site in Hawaii County
 - b. Seek future site in Honolulu
2. Streamline process for screening, intake, assessment and eligibility determination
3. Develop Statewide Access Plan




Essential Program Components

- One-stop access (referral) to:
 - All public programs for community and institutional LTC services administered by Medicaid
 - Federal aging programs and other public programs appropriate for individuals seeking LTC assistance
 - Privately funded, community based resources, services and programs



Essential Resource Center Components

- Provide streamlined access to LTC services through integrated or closely coordinated:
 - Intake
 - Assessment
 - Eligibility screening
 - Programmatic and financial eligibility determinations



Essential Resource Center Components (continue)

- Information and Counseling
- Case Management and follow-up
- Prospective Planning
 - Help people plan ahead for their long term services and support needs



Resource Center Design and Flexibility

- Broad flexibility allowed to states
- States decides how to organize Resource Center functions at local level
- State must ensure:
 - Uniform information
 - Standardized process for accessing programs and services.



For Clarification...

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- The ADRC Model:
 - Is not an organizational structure
 - Does not change program management responsibilities, processes, eligibility criteria, services offerings of LTC programs
 - Does not depend on continued grant funding
 - Does not replace existing case management activities



Hawaii's ADRC Grant Award

- EOA serves as the Lead State agency
- Partnered with Hawaii County Office of Aging and Elderly Affairs Division through Cooperative Agreements
- Three-year, \$800,000 grant
- October 2005 – September 2008



Hawaii's Strategies

- Build on the strengths of the AAAs
- Establish Pilot Site in Hilo (Hawaii County Office of Aging)
- Develop a Statewide Long Term Care Access Plan
- Seek Resources for ADRC Site in Honolulu



Hawaii Strategies (continue)

- Hawaii County ADRC

1. Lease Sun Sun Lau Restaurant Building
2. Co-locate AAA with other providers
3. Possible nutrition site and respite center on same premise

- Statewide LTC Access Plan

1. Est. State Advisory Board with sub-committees
2. Work closely with other major groups/agencies (DHS, Hawaii Information Consortium, DCAB, etc.)



Hawaii Strategies (continue)


- Honolulu ADRC Site

1. Explore public inventory of land and properties on Oahu
2. Work with private businesses for possible site
3. Evaluate and develop EAD's infrastructure; Explore options for ADRC start up.




Overall Objectives

- Project Planning and Development of ADRC infrastructure
- Formalizing Partnerships with community groups, public and private agencies/services




Timetable (Overview)

- Year 1 (Oct. 2005 – Sept. 2006)
 1. Establish State Advisory Board and develop LTC Access Plan for the State
 2. Develop operating protocols and standards, database and system design, cooperative agreements, staff training curriculum, public awareness strategy, data collection and evaluation approaches
 3. Implement first pilot site to target the elderly



Timetable (Continue)

- Year 2 (Oct. 2006 – Sept. 2007)
 1. Identify Honolulu ADRC site and initiate development
 2. Hawaii County Site targets Disability population
 3. Evaluate pilot site and ADRC progress



Timetable (Continue)


- Year 3 (Oct. 2007 – Sept. 2008)
 1. Full Implementation
 2. Plan for statewide implementation
 3. Plan for ongoing operations (sustainability) and quality improvement



Roles and Tasks

Executive Office on Aging


- Lead Agency and Project Manager
- Provides administrative oversight and grant compliance
- Organizes and convenes State Advisory Board and subcommittees
- Secure agreements among key state departments and community agencies



Roles and Tasks

HCOA and EAD

- Responsible for the planning, development and operations of the ADRC in respective counties
- Hire site project coordinators and ADRC staff
- Establish a local advisory or steering committee to support pilot site
- HCOA will identify and secure a location site to house ADRC. State Advisory Board will assist EAD and other Counties



Roles and Tasks

State Advisory Board

- Comprised of representatives of aging and disability networks, consumers, public and private sectors, education, financial and health/long term care industries
- Serves as a working board involved in the planning and development of the Statewide Long Term Care Access Plan



Issues and Challenges

- Management Information System that can interface with current systems
- New Expanded Quest Program (2008)
- Coordination with disability programs
- Sustainability
- Future ADRC Start-Up



Possible Solutions

- Public-Private Partnerships
- Public Resources
- Emerging Technologies



Summary

- Establishment of a highly visible source of information for consumers
- Assist Medicaid clients to access new Quest Program in 2008
- Improves government's ability to manage resources and monitor program quality through the Center's centralized data collection and evaluation. Improves efficiency and effectiveness which may result in cost savings.